|  |
| --- |
| **Name:** |
| **Email:** |
| **Phone:** |
| **Organization:** |
| **Experience or interest with Human Trafficking:**  |
| **Level of Interest** – check all that apply \_\_\_ attend local county meetings: \_\_Camden \_\_Gloucester \_\_Cumberland \_\_\_ attend all monthly meetings, tri-county \_\_\_ interest in co-chairing county meetings \_\_\_ present at a coalition meeting \_\_\_ coordinating outreach events  \_\_\_ attending outreach events outside of meetings  \_\_\_ email list only \_\_\_ other area of interest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**SJATC Membership Form**

  